U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13313	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name _{Peter} Babin III	Name I. U. O. E. Local No. 406
	Labor Organization File Number 022-326
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7370 Chef Menteur Highway	Street 7370 Chef Menteur Highway
City New Orleans	City New Orleans
State Louisiana ZIP Code + 4 70126-5314	State Louisiana ZIP Code + 4 70126-5314
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transa monetary value from an employer who	ctions (including loans) with, or se employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including	trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		7.b. Amount.
Street		7.6. Amount.
City		
State	ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any according to the contained of the contained in any according to the contained of the contained in any according to the contained of the cont		
undersigned's knowledge and belief, true, correct, and complete. (See t		
	/ /	
Signed Signed	on 8/10/0 (VOY 241	1-13/1
	Date Telephone No	

Form LM-30 (2003)

Name of Person Filing Peter Babin III		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name IUOE & Pipeline Ers Health & Welfare Fund	a. Labor Organiza	ition
Trade Name, if any:	b. Trust	RIOTI
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1125 17th Street, NW		
City Washington		
State District of Columbia ZIP Code ÷ 4 20036		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.
Name	of IUOE Local Unic such Locals; the F	one Fund covers the officers/staff ons and receives contributions from Fund pays rent to the IUOE and
Trade Name, if any:		administrative expenses including benefits, postage and phone.
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar val	ue of such dealing. \$113,152
City	12.a. Nature of interest he	ld or income received.
State ZIP Code ÷ 4	Plan. Meeting exp	s a Trustee of the Health & Welfare penses to third-party businesses ls for his proportionate share of
	12.b. Amount.	\$2,475
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	Peter Babin III	File Number U-

8. Name and address of Business (including tr	rade name, if any).	9. Business deals with:
Name IUOE General Pension Plan		a. Labor Organization
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		b. Trust
Street 1125 17th Street, N.W.		c. Employer
City Washington		
State District of Columbia ZIP	Code + 4 20036	
10. If 9.b. or 9.c. is checked give trust or employe	r's name.	11.a. Nature of such dealing.
Name		The General Pension Plan (GPP) covers the officers/ staff of IUOE Local Unions and receives contributions from such Locals; the GPP pays rent
Trade Name, if any:		to the IUOE and reimburses certain administrative expenses including salaries, fringe benefits,
P.O. Box, Bldg., Room No., if any		postage and phone.
Street		
City		
State Z1P	Code + 4	11.b. Approximate dollar value of such dealing. \$72,072
		12.a. Nature of interest held or income received.
		Peter Babin III is a Trustee of the GPP. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses were: 1/13/2004 \$ 102 1/14&15/2004 \$1062 8/17/2004 \$ 918
		12.b. Amount. \$2,082

Name of Person Filing Peter Babin III	File Number U-

8. Name and address of Busines	s (including trade name, if any).	9. Business deals with:	
Name Robein, Urann & I	Lurye, APLC	a. Labor Organization	
Trade Name, if any:		b. Trust	
P.O. Box, Bldg., Room No., if any Street 2540 Severn Avenu		c. Employer	
City Metairie			
State Louisiana	ZiP Code + 4 70002		
10. If 9.b. or 9.c. is checked give tru	ust or employer's name.	11.a. Nature of such dealing.	
Name		Union's Law Firm	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
` City			
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$31,892
		12.a. Nature of interest held or income received.	
		Meal at Salvatore's Restaurant, Metairie 02/02/04 in the amount of \$24.	e, LA on
		Christmas gift on 12/09/04 valued at \$3°	7.
		12.b. Amount.	561

Name of Person Filing Peter Babin III	File Number U-

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Killian Asset Management Co. Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any Suite 600 Street 1250 West N.W. Highway City Palatine	c. Employer
State Illinois ZIP Code + 4 60067	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name IUOE General Pension Plan	11.a. Nature of such dealing. Investment consultant to Pension Fund.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1125 17th Street, N.W.	
City Washington	
State District of Columbia ZIP Code + 4 20036	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Killian Asset Management Co. sponsored a dinner for
	the Board of Trustees of the GPP, of which Peter Babin III is a member. It is believed that the value of the meal was somewhat greater than \$25, but the exact value of the meal is not known.
	12.b. Amount. \$30

U.S. Department of Labor Office of Labor-Management NEW ORLEANS
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

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For Official Colly of COL	2 (S)
(151) W2 52	165)
E NEW CRIEARS	or/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

1. File Number U- 13313	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Peter Babin III	Name I. U. O. E. Local No. 406
	Labor Organization File Number 022-326
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7370 Chef Menteur Highway	Street 7370 Chef Menteur Highway
City New Orleans	City New Orleans
State Louisiana ZIP Ccde + 4 70126-5314	State Louisiana ZIP Code + 4 70126-5314
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

		derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		7.b. Amount.
City		
State	ZIP Code + 4	

Signature

submitted in this report (including the information contained in any acco		
undersigned's knowledge and belief, true, correct, and complete. (See		
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and Im Im	on Plater	10217 241-13/1
Signed 1	On 8 / 34 /0V	() () () () () () () () () ()
[/ Dafe	Telephone Number
		···············

B. Hed an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer with boar employees your labor organization represents or a actively seeking to represent, or (2) any part of which consists of tuying from a selling of leasing seekly or indirectly for or otherwise dealing with the business of an employer with boar organization or selling of the selling of the selling with the business of an employer with board organization in indirectly and the dealing with the business of the selling of the selling with the business of an employer of the selling with the business of an employer of the selling of the	Name of Person Filing Peter Babin III	File Number U -		
Name IUCG & Pipeline Ers Health & Welfare Fund Trade Name, if any: P.O. Box, Bidg. Room No., if any Street 1125 17th Street, NW Oily Washington State District of Columbia ZIPCode+4 20036 10. If 9.b. or 9.c is checked give trust or employer's name. Name 11.a. Nature of such dealing. The Health & Welfare Fund covers the officers/staff of IUCB Local Unions and receives contributions from such Locals; the Fund paper runt to the IUCB and reimburses certain administrative expenses including salaries, fringe benefits, postage and phone. Street 11.b. Approximate dollar value of such dealing. \$11.3. Nature of interest held or income received. Peter Rabin TIT is a Trustee of the Health & Welfare Plan. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses; 1/30/604 \$ 326 2/04/604 \$ 8 326 2/04/604 \$ 8 326 2/04/604 \$ 8 326 2/04/604 \$ 8 644 8/22/04 \$ 14.03 12.b. Amount. S2,475 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment.	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise			
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Tile. Approximate dollar value of such dealing. Peter Babin III is a Trustee of the Health & Welfare Plan. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses: 1/30/04 \$ 102 7/02/04 \$ 326 2/06/04 \$ 644 8/22/04 \$1403 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	Name IUOE & Pipeline Ers Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1125 17th Street, NW City Washington State District of Columbia ZIP Code + 4 20036 10. If 9.b. or 9.c. is checked give trust or employer's name.	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. The Health & Welfare Fund covers the officers/staff of IUOE Local Unions and receives contributions from		
City State ZIP Code + 4 State ZIP Code + 4 ZIP Code +		reimburses certain administrative expenses including		
State ZIP Code + 4 Peter Babin III is a Trustee of the Health & Welfare Plan. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses: 1/30/04 \$ 102 7/02/04 \$ 326 2/06/04 \$ 644 8/22/04 \$1403 12.b. Amount. \$2,475 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name		11.b. Approximate dollar value of such dealing. \$113, 152		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name 14.a. Nature of payment.		Peter Babin III is a Trustee of the Health & Welfare Plan. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses: 1/30/04 \$ 102 7/02/04 \$ 326 2/06/04 \$ 644		
or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name 14.a. Nature of payment.		12.b. Amount. \$2,475		
(including trade name, if any). Name				
1	(including trade name, if any).	14.a. Nature of payment.		
P.O. Box, Bldg., Room No., if any Street City	Street City			
Chata 7ID Code / A		14.b. Amount of payment.		
State ZIP Code + 4	13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing	Babin		File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name IUOE General Pension Plan	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1125 17th Street, N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20036	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	The General Pension Plan (GPP) covers the officers/ staff of IUOE Local Unions and receives contributions from such Locals; the GPP pays rent
Trade Name, if any:	to the IUOE and reimburses certain administrative expenses including salaries, fringe benefits,
P.O. Box, Bldg., Room No., if any	postage and phone.
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$72,072
	12.a. Nature of interest held or income received.
	Peter Babin III is a Trustee of the GPP. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses were: 1/13/2004 \$ 102 1/14&15/2004 \$1062 8/17/2004 \$ 918
	12.b. Amount. \$2,082

Name of Person Filing Peter Babin III	File Number U-

8. Name and address of Business (including trade name, if	any). 9. Business deals with:
Name Robein, Urann & Lurye, APLC	a. Labor Organization
Trade Name, if any:	a sactional superior
P.O. Box, Bldg., Room No., if any Suite 400	b. Trust
Street 2540 Severn Avenue	c. Employer
City Metairie	
State Louisiana ZIP Code + 4 70	002
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Union's Law Firm
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$31,892
	12.a. Nature of interest held or income received.
	Meal at Salvatore's Restaurant, Metairie, LA on 02/02/04 in the amount of \$24.
	Christmas gift on 12/09/04 valued at \$37.
	12.b. Amount. \$61

Name of Person Filing	Peter Babin III	File Number U-
Name of Person Filing	Peter Babin III	File Number U-

8. Name and address of Business (including trade name, if any).	Business deals with:
Name Killian Asset Management Co.	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Suite 600	b. Trust
Street 1250 West N.W. Highway	c. Employer
City Palatine	
State Illinois ZIP Code + 4 60067	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name IUOE General Pension Plan	Investment consultant to Pension Fund.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 1125 17th Street, N.W.	
City Washington	
State District of Columbia ZIP Code + 4 20036	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Killian Asset Management Co. sponsored a dinner for the Board of Trustees of the GPP, of which Peter Babin III is a member. It is believed that the value of the meal was somewhat greater than \$25, but the exact value of the meal is not known.
	12.b. Amount. \$30

Name of Person Filing Peter Babin III	File Number U-
	I

8. Name and address of Business (including trade nam	e, if any). 9. Business deals with:
Name Amalgamated Bank	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 15 Union Square	c. Employer
City New York	
State New York ZIP Code + 4	10003-3378
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. None
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0
	12.a. Nature of interest held or income received. Golf outing 1/21/2004.
	12.b. Amount. \$1.36